EPA Form 8700-12 (6-80)

	NOTIFICATI	ON OF HAZARD	ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the				
TION'S EPA					information on through it and	the label is incor supply the corr ate section below	rect, draw a line ect information	
I. STALLATION					complete and of below blank, If	correct, leave Iter	ms I, II, and II give a preprinted	
INSTALLA-					single site whe	all items. "Insta re hazardous was	ste is generated	
II. MAILING ADDRESS	PLEAS	SE PLACE LABE	L IN THIS SP	ACE	porter's princip	and/or disposed al place of busin	ess. Please refe	
LOCATION IIL OF INSTAL- LATION					to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).			
FOR OFFICIAL U	JSE ONLY	TEST PERMIT	<u> Remandali</u>			MINIDAL		
<u>c</u>			OMMENTS					
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C S A N T A IV. INSTALLAT C H I C K E V. OWNERSHIP C B H I C K E S H I C K E W. OWNERSHIP C B H I C K E S H I C K E V. OWNERSHIP A A AIR VIII. FIRST OR Mark "X" in the ap If this is not your fi	CLARA ION CONTACT NAME AN YGORD YGORD OWNERSHIP Other letter into box) LDERAL M 56 FRANSPORTATIO 52 SUBSEQUENT NO oreoriste boy to indice	A. NAME OF INSTA O N O W n e A. NAME OF INSTA O N O VI. TYPE OF HAZ A. GENE C. TREA ON (transporters only G. HIGHWAY OTIFICATION cate whether this is your your Installation's EP	ALLATION'S LEG ARDOUS WAS? RATION T/STORE/DISPOS y — enter "X" in D. WATER	FE ACTIVITY (SE SE SE OTHER AND A1 42 47 FE ACTIVITY (THE ACTIVITY (TH	PHONE 4 0 8 55 46 - As Fenter "X" in the TRANSPORTA UNDERGROUI below. C.	9 8 8 - 6 7 se appropriate bettion (complete in the injection)	7 0 - 55 POX(es)) Item VII)	

IX. DESCRIPTION OF	HAZARDOUS WAS	TES (continued from	front)	1 2	- 13 14
A. HAZARDOUS WASTES	FROM NON-SPECIFI	C SOURCES Enter the	four-digit number from	m 40 CFR Part 261.31	for each listed hazardous
waste from non-specific	sources your installation	n handles. Use addition	al sheets if necessary.		
The state of the s	2	3	4	5	6
F006	F007	F008	F009		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
 HAZARDOUS WASTES specific industrial sources 	FROM SPECIFIC SOU	RCES. Enter the four-	digit number from 40 C	FR Part 261.32 for each	listed hazardous waste fro
			s it necessary.		
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
					HOLES BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 ~ 26
25	26	27	28	29	0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
c. COMMERCIAL CHEMIC stance your installation has	AL PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub-
Stance your mistanation in	andles willer may be a r	lazardous waste. Use ad	ditional sheets if necess	ary.	
31	32	33	34	35	36
				Halisania Bantan	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
LISTED INFECTIOUS W	ASTES. Enter the four	-digit number from 40	CFR Part 261.34 for ea	ch listed hazardous was	
hospitals, medical and rese	earch laboratories your	installation handles. Use	e additional sheets if nea	cessary.	is retirriospitals, votorina
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
CHARACTERISTICS OF	NON-LISTED HAZAF	RDOUS WASTES. Mark	"X" in the boxes corre	sponding to the charact	eristics of non—listed
hazardous wastes your ins	tallation handles. (See	40 CFR Parts 261.21 -	261.24.)	nde fell som er eller betyde i de geller feller. Neget feller freste feller betyde feller feller.	
1. IGNITAB	LE	2. CORROSIVE	3. REAC	TIVE	□4. TOXIC
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CERTIFICATION			14.46年18月1日本出	The second second	
certify under penalty attached documents, an believe that the submi nitting false information	tted information is	inquiry of those ind	ividuals immediately	rosnansihla for aht	rining the informer-ti-
GNATURE/			ICIAL TITLE (type or)	nwin+1	
2/ 0	1/ . /	MAME & OFF	CIAL HILE (type or)	orint)	DATE SIGNED
Lay V.	Hickey	Kay D.	Hickey- Own	ner	March 25, 19
A Form 8700-12 (6-80) F	REVERSE	The state of the s			